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EDITORIAL.

Every physician who had down town offices lost furniture, libraries and instruments at one clean sweep in the recent disaster to the beautiful City of San Francisco. A large number lost their homes and besides being officeless and homeless, many are penniless.

We should not only extend our sympathies, but by gifts of money and useful instruments assist these unfortunate brother physicians to begin business again as best they can.

The horrors of the situation are just beginning to be realized. Many physicians who enjoyed good practices, find that their patients have been scattered to all parts of the country, and of those that remain many are homeless and bankrupt.

The offices and equipment of the California State Journal of Medicine

went up in smoke, and in place of the May number of the magnificent journal, Dr. Phillip Mills Jones sent out the following folder which breathes the spirit of that able editor:

A SAD GREETING.—It was a very different sort of May issue we had planned. But as all the world now knows, our beautiful City of San Francisco has been wiped out of existence. The editor has been able to confer with but one member of the Publication Committee and a few of the delegates living in Oakland, and these have authorized the bringing out of this number in its present form. There is not a business house of any sort left standing in San Francisco—no paper house and no printer—so this number is printed in Oakland. The mailing list of the *Journal* has also vanished, so that many exchanges and subscribers will not at once receive this issue. However, enough copies will be printed to supply all regular recipients in the course of time. We would respectfully request other journals to copy this statement and also say that no sample copies will be sent out. The present address of the *Journal*, or rather of the editor, for the *Journal* office is beneath the editorial hat, which was almost his only possession not destroyed, is 1230 Telegraph Avenue, care Dr. Frank Adams, Oakland, California. Correspondents are respectfully warned, however, that their letters may not be answered immediately, for almost all typewriters have been destroyed and the whereabouts of our stenographer is an unknown quantity.

Many physicians throughout the Territory have recently received a circular letter from a chemical company of Binghamton, N. Y., which for downright impudence beats anything that was ever designated for the waste

basket. Perhaps through this exhibition of arrogance the firm will draw attention of the profession to their product, but if they expect to do business with us after flaunting such a bluff, they will have to wait until such a time as we might dwindle into such insignificance that we will be narrow enough to look thro a key-hole with both eyes.

THE PRESENT STATUS OF THE PURE FOOD BILL.

The Pure Food Bill, which recently passed the Senate, is being delayed in the House and it behooves the medical men of this country to unite in an effort to have the final passage of this bill reached as speedily as possible.

The bill, as it now stands, may not be the very best that could be framed, but it will go far towards checking the evils that are being done by the too free use of adulterated foods, liquors, medicines, etc.

The bill is nothing more nor less than an effort to promote common honesty in the sale of foods, drugs, medicines and liquors, and after fifteen years of trial there should be no failure now. While it is improbable that the bill will be defeated when it comes up for final passage, there is every reason to believe that those most interested in seeing it defeated will leave no stone unturned to successfully secure the end they most desire, therefore the united effort that seems to have forced the passage of the bill through the Senate should not be discontinued until the measure takes its place among the approved acts and becomes law.

This is not the time to quibble over trivialities. The bill once passed will reveal, through its operation, whatever weak spots it may possess and they can be remedied.

OUR ADVERTISEMENTS.

Look thro the Journal and note the character of the advertisements! Not a member of the Proprietary Association is represented here; not a patent medicine or humbug of any kind; all good clean advertising by reliable firms, ethical in their dealing with the profession.

We are not directed by a spirit of commercialism, and its baneful influence has not been exercised in the publication of this journal; had this been true, our pages would now be covered by quack and questionable ads of all kinds, for we have many letters on file offering good money for advertising space.

We do not hesitate to commend to your patronage all who hold advertising space within these pages.

The Country Doctor.

J. G. Wilson, Montrose, Pa., (*Journal A. M. A.*, May 19) claims that the country doctor ought to know all that a trained physician should know. He should take up refraction work and have a general knowledge of diseases of the eye; he should be able to do abdominal surgery, which is a simple matter as compared with the proper treatment of fractures, though the greater operations should, of course, be done by specialists when possible. He should have all possible facilities for diagnosis, and while no one physician can do the best possible work in every field, he can learn to do better work in every line, and the best work in most. More is now required in the general practitioner than ever before, and he should have a better equipment, be capable of making thorough examinations and of employing all the methods necessary to effect a cure.

THOMAS B. HART
President, 1906-1907.

Many a close contest has been waged over the election of president of the New Mexico Medical Association, but this society honored itself when in electing Thomas B. Hart to its presidency, practically by acclamation, it thus honored him.

He was born September 22, 1864,

began the study of medicine, reading and practicing during vacations until he graduated, April 4th, 1894, with honors from the College of Physicians and Surgeons of Chicago, now the Medical Department of the University of Illinois.

In December, 1894, he located in Raton, New Mexico, and has been in



in Huntington County, Indiana, and his early life was spent on a farm. He secured a common school education, and after one year of normal training began teaching; following that profession until he was 22 years old, when he was elected county surveyor and engineer of Huntington County, Ind., in 1886, being re-elected in 1888.

In the spring of 1891, under Dr. G. P. Chenoweth as his preceptor, he

active practice in that city up to the present time.

He is President of the Board of Pension Examiners, Director of New Mexico Insane Asylum, Health Officer for City of Raton and Colfax County, also County Physician, and is Medical Superintendent of the Miners' Hospital.

Dr. Hart is an active politician, being chairman of the Republican Cen-

tral Committee and a member of the Territorial Executive Committee.

He became a member of the Territorial Association in 1900, and has always been a member of the A. M. A. He is also a member of Eta Chapter Nu Sigma Nu Fraternity, since 1892.

Dr. Hart's professional life has been one to be emulated, being strictly ethical, his career has been as an open book to the profession throughout the territory.

A careful student, a wise counsellor, a logical thinker, a good friend with an ideal home life, interested in all that affects the welfare of the city, the territory, the profession, such is Dr. Hart whom the New Mexico Medical Association delights to honor with the highest office within its power to bestow.

TRICHINOSIS.

(Wm. D. Radcliffe, M. D., Belen)

Some time ago I had the opportunity of observing several cases of trichinosis. As all members of a family, as well as several friends, who had spent the Sunday with them, were taken sick about the same time with similar symptoms, the cause was sought in something which had been eaten on this day, and canned asparagus was suspected. In fact, several cases had been treated for ptomain poisoning before I saw them. There was at that time an epidemic of typhoid prevailing, and two of these cases showed very marked symptoms of typhoid.

On investigation, I suspected some home-made sausage, of which all had partaken, and asked for specimen which I sent away to be microscopically examined, being quite convinced by this time that it contained trichinae. However, the report did not show what I thought it would. This surprised me, but further investigation revealed that

there were two kinds of sausage. I had been given liver sausage, which showed nothing. I then procured a specimen of the other sausage, which on examination, showed trichinae in great number. For one of the cases I had Weidel's microscopical test made which showed typhoid bacillus.

CASE 1—I saw nine days after the above mentioned Sunday. Temperature about 103, gastro-intestinal disturbance, pain in abdomen and profuse diarrhoea. At times patient claimed to be cold, and warm at other times, while the thermometer showed no variation. After four days there were no more chilly sensations; at no time she had chills. Temperature during the next two weeks did not vary more than one-half degree between morning and evening. During this time there was a marked neuritis, so much so that patient suffered intensely on being moved or rubbed, and desired to lie perfectly still. During the third week the temperature ranged between 104 and 104½, respiration labored, due possibly to the involvement of the diaphragm and intercostal muscles. After this time fever became both remittent and intermittent, intense myositis, and nodules formed in the muscles. These latter were very sensitive to the touch, so much so that patient found difficulty in finding comfort, as bedding, etc., was irritating. Mastication, deglutition and phonation was difficult and painful, owing to the involvement of the muscles of the pharynx and larynx.

There was a very marked rigidity of the body, lasting two months, patient fancied that she must break on touch, unable to move either arms or legs without assistance during part of this time. Edema, which is a marked feature of this disease, did not appear until end of fourth week, showing up on lower extremities. Eyes and face be-

coming involved several days later. Urticaria about fourth week. Insomnia in this case was the worst feature, patient not having slept days at a time, and then only a few moments. Ordinary hypnotics proved ineffective.

CASE 2—This case I also saw on the ninth day. This case had all symptoms of a severe type of typhoid, having the characteristic rash very marked on abdomen. The first crop I saw lasted three days, then gradually disappeared, leaving a brownish stain. I noticed two such crops on this patient, there were sloughs of Peyer's patches of a grayish color, each an inch or more in length. Patient had characteristic stools, profuse, greenish, and very offensive, with from eight to twelve movements in twenty-four hours, abdomen very tympanitic and tender, with gurgling in right iliac fossa. Tongue coated with heavy yellowish coating, gums red and swollen, teeth covered with sordes. Intense headache, profuse epistaxis. This was the condition on the 15th day, and looked to me at that time like a typhoid case in latter part of third week. Temperature reached $103\frac{1}{2}$ to 104, not varying over one-half degree for seven days. Then there was profuse hemorrhage, pulse dropping to 50, temperature 97, remaining this way 24 hours, when it again went up to $103\frac{1}{2}$; this lasted for three days. All symptoms changed then, it becoming like the rest of the cases which I had, but with symptoms more marked. Until this time, there was no involvement of the muscles. Bronchial pneumonia set in, making the already grave case seem more hopeless. Urticaria appeared on extremities, shoulders, back etc. There was no rigidity in this case, but the opposite of it. Insomnia was as severe as in Case 1.

CAES 3—I saw this case seven days after eating of this sausage. It was

ushered in with a chill and temperature of 104. Patient suffered from diarrhoea and nausea, loss of appetite, pains in abdomen, intense headache and general debility, also pleuretic pains. Fever during first week was remittent, limbs swollen, painful on pressure and movement, unable to move them part of the time without assistance, profuse sweating, burning and itching of skin. Bronchial catarrh set in which developed into bronchial pneumonia at the beginning of third week. There was intense myositis as in Case 1 with nodules forming in the muscles, also urticaria on extremities, face and shoulders, spots being especially large and painful on legs. Patient was slightly delirious. Temperature kept the same for three weeks, then became remittent. There was insomnia, but not of as long duration as Cases 1 and 2.

I had several other cases very similar to one or the other above described, but milder, and with less marked symptoms, temperature however remittent, and at times subnormal.

I had given warning against using any of the suspected meat, and on receiving reports showing the presence of trichinae, I had ordered all infected meat to be destroyed. Several parties, having theories of their own, partook of it with the result that on the following day they developed symptoms of nausea without being able to vomit, and suffered from intense headache and cramps. I gave each of them a hypodermic of apomorphine which caused profuse emesis. I gave them large doses of santonin with plenty of glycerine with the result that within two or three days they were entirely well.

The general nutrition of all patients was disturbed. All were emaciated and anemic, some almost skeletons. Duration of illness varied from a few days to three months, and in two cases es-

pecially, where the myositis and neuritis lasted about four months, patients were unable to walk without assistance long after being able to be out of bed.

Diet was all of liquid character, and practically the same in all cases as if it had been typhoid, except that it was more concentrated.

ACUTE SUPPURATION OF THE MIDDLE EAR.

(Dr. Clifford Losey)

This, of all ear diseases, is probably the most important, not only on account of its frequency, but on account of the destruction of the surrounding tissues, sometimes involving life itself. I will give a very limited paper on this subject in so far as the etiology, symptomology, pathology, and diagnosis is concerned, but will give the greater part of my time to the treatment.

Etiology.

Exciting causes

1 Exanthematous diseases, scarlet fever complicated with nasal-diphtheria probably causes the most persistent form of this disease.

2 Extension of post-pharyngeal catarrh through the eustachean tubes to the tympanic cavity.

3 The action of cold through the external meatus, as in diving, etc.

4 Reflex causes, cold feet, teething in infants.

5 Trauma.

6 General diseases.

Predisposing causes:

Chronic disease of the post-nasal space, especially adenoid vegetations. Hereditary tendencies, such as scrofulous and tubercular. Sometimes the disease may be caused by inflammatory conditions in the external canal.

Symptomology.

The first symptom that is usually brought to the patient's notice is the

sense of heat, fullness and pressure on the affected side; this is soon followed by pain, which is often most intense and penetrating; pain may last from a few hours to as many days. Deafness may often be the first sign, or, oftentimes the first sign is a discharge from the canal, this more often happens in the aged and tubercular.

On inspection, we have many varied pictures, depending on the stage of the disease. In the early stage there is a congestion of the tympanic membrane along the posterior border of the malleus, and the peripheral vessels are injected. Later on the vessels may lose their outline and the whole membrane take on a darkened color, varying from a gray to a marked red. Later on there is bulging of the tympanic membrane, this condition also varies greatly.

If the ear is seen shortly after perforation the discharge is usually serious, but generally soon becomes mucopurulent, regardless of the antiseptics employed. Conditions may grow rapidly worse and the mastoid cells become involved. This being the case, there is generally pain in the mastoid and tenderness on pressure. Soon following there is an infiltration over the mastoid and in children often a breaking through the cortex and forming a subperiosteal abscess, or possibly it may break through and form a fistulous opening. This breaking through is very rarely seen in the adult, instead the infection has a tendency to extend inward, often resulting in sinus thrombosis, meningitis, or brain abscess.

Bacteriology and Pathology.

No one bacteria is responsible for the suppurative troubles of the middle ear, but those most generally found are: the diplococcus of pneumonia, staphylococcus pyogenes albus and aureus, streptococcus pyogenes, bacillus pyocyaneus. These

may be found alone or in the mixed form.

The avenues of infection are many: through the eustachean tube, the external canal, perforated membrani tympani, the dural process in the petrosquamous fissure, and the lymph and blood vessels.

In the early stage the mucous membrane of the middle ear, especially of the tympanic cavity, is in a state of congestive swelling and exudation. The exudation consists of serum, pus, or blood in varying proportions. In severe forms the inflammation and swelling become more intense, the deeper layers of the mucous membrane (corresponding to periosteum) are involved, while the exudation becomes more purulent in character. There is in most cases a tendency to softening, ulceration and destruction, while with few exceptions, it is attended by perforation of the tympanic membrane. The disease is frequently confined to one ear, although both may be affected, especially in the exanthematous diseases. In cases which are not of very long duration the swelling is due to dilated vessels and the interstitial or cellular infiltration, chiefly in the sub-epithelial tissue. As time goes on, the epithelial lining usually becomes lost and the surface presents a red, soft, granular or smooth appearance. From this surface granular or papillary excrescences or polypi may project as the result of hyperlastic growth.

Treatment.

About everything that it is possible to use in an ear has been used at one time or another for suppurative conditions of the middle ear; with good, bad and indifferent effect.

How often are we called to see a patient suffering with an intense ear ache and to give relief to this patient means

not only a grateful one, but one that will ever after remember you as a friend in time of suffering. What has been done to relieve this condition? Almost any and all things. Often times hot irrigations will stand you in good turn, but the solution that has given me the most satisfactory results is as follows: Carbolic acid, 1 dram; alcohol, 1 dram; and glycerine q. s. to make one ounce. To apply: First, wipe the canal out thoroughly clean with dry sterile cotton pledgits, saturate a strip of sterile gauze and pack into the external canal, but not packed tight enough to cause any pressure. This pack should be placed in position only with the aid of good illumination. This pack is now covered with a small pledgit of cotton and sealed in with flexible collodion. This dressing is changed every twenty-four hours. If, after the dressing has been in place twelve to twenty-four hours and has given no relief, it should be removed and a paracentesis done. Even though this dressing has given you no relief, it has made an aseptic field for your paracentesis. Before doing a paracentesis, one must be sure that they are dealing with a suppurative type of ear ache, and not an otalgia. If the pain is an otalgia, it will not be a constant ache, but will be more of the shooting character. If the teeth are examined in otalgias, they will usually give you the source of the trouble.

The patient should be confined to the house and kept in bed, a thorough mercurial given, followed by a saline. Hot applications are much more beneficial when used in connection with the moist pack.

To have a discharge immediately after paracentesis is rather a rare condition, only a slight oozing is seen with possibly a drop or two of blood; nevertheless, after a paracentesis, always

pack the external canal with a dry sterile gauze wick and seal in the same as the moist pack; after a few hours, active drainage will be established by the capillarity of the gauze. It might be well at this point to say a word about anaesthetics for paracentesis. In children, it will often be necessary to give a general anaesthetic, but in adults the following solution will be found to be of great use: Carbolic acid, menthol and cocaine, equal parts. A small pledget of cotton is saturated with this solution and placed into the external canal and down against the tympanic membrane and left in position for about five minutes. On removal and first inspection you may think you have a caustic effect from your application, but such is not the case, it is nothing more than a blanching. The tympanic membrane is now in a state of anaesthesia that will permit of a thorough paracentesis without pain.

The periods of dressing vary according to the amount of the discharge; if the discharge is abundant, it may be necessary to change the dressing as often as three or four times daily, and should be changed as soon as saturated. In case the patient can not be seen more often than once a day, a combination dressing may be bandaged in position instead of the collodian dressing being used.

Occasionally we have a discharge that is too thick to be drained by gauze, then the best method is to use hot antiseptic irrigations and often repeated.

The microscope should always be consulted and the kind of bacteria carefully noted; because, in knowing the kind of infection you are dealing with may be a guide for you in case the condition may seem to need any operative interference.

Whenever there is an acute exaggeration of symptoms, never fail to make a

thorough inspection, and be certain that the perforation is not obstructed in any way. All granulation tissue should be kept free from the perforation.

Careful watch should be kept on the general condition, together with the pulse and temperature. If your patient develops any temperature, be sure and make a careful examination of the mastoid, ascertaining as to whether there is any tenderness or infiltration over same. If there is a temperature of a hundred or over, continuing for two or three days, whether there is tenderness or infiltration over the mastoid or not, it is good practice to do a simple mastoid; because I have repeatedly seen the entire mastoid process destroyed without any pain or sign of infiltration over the same. As to the mode of operating, I will say nothing, as you are all more or less familiar with the technique.

Prognosis.

In speaking of the prognosis of this disease we must take into consideration the consequences and complications of the same. The oft quoted statement of Wilde is quite an apt one: "Whenever a discharge from the ear exists, we can never tell how, when or where it will end, or to what it may lead."

All that I have to ask, is, that the poor suffering infant be given more attention than is often its fortune to receive, and we will give fewer charges in our deaf and dumb asylums, and the relief from many heart aches on the part of the parents.

First M. D.—I see that Dr. Squills was expelled from the State Association. What was the trouble?

Second M. D.—He violated the code of ethics by advertising. Got up in prayer meeting and announced the hymn, "The Great Physician now is here."—*Meyer Brothers Druggist.*

THE FAMILY PHYSICIAN AS A CHILDREN'S SPECIALIST.

(By T. B. Hart, M. D., Raton, N. M.)

Since the beginning of the history of medicine and surgery, men have been writing pro and con on the subject of specialties. Much has been written, (and more has been said) on the subject of the "family physician as a specialist," his usefulness and willingness to try to do his part in lessening the sum total of human suffering, have been applauded and defended by those that were grateful to him. His shortcomings, tho they be few, are too often multiplied and intensified by the fertile brain of a colleague, or the slanderous tongue of a layman. The public already know too much about the lack of harmony in the profession. However, it is not my purpose to discuss his worldly rating, or his professional standing; my one and only purpose in this paper is to emphasize the necessity of a higher standard of duty in his professional and social relations to the vast army of children, of which there are *more than sixty millions*, or quite three-fourths of the population of the country. It will be well for you to always remember that their youthful likes and dislikes will control your destiny in many a family for a generation to come.

I warn you that no lad, however small or insignificant, likes the name "bub,"—no father admires your manners more for so blunt a familiarity; no lassie, however lowly or poor, likes the name of "sis," and no mother thanks you for such vulgar brevity.

It is the family physician that is called when a new being is born into the world. It is he that is called to treat baby for a simple colic, or to treat it for rachitis, that slow but sure pathological condition due to fat starvation.

It is he that is called in early childhood to treat Mary for vaginitis due to pin worms, or, later in life, for chlorosis. It is he that is called to treat Jimmy for ballanitis by performing circumcision, or later to treat him for chorea and its dangerous handmaid, inflammatory rheumatism. It is he who closes the eyes of the old grandfather in eternal sleep in the twilight of closing day. In contact with these little sufferers by night and by day, why should not the physician become as skillful as he who works by night and by day in the field of general surgery?

The fathers of the art of healing—for it was an art with them during the twelve hundred years of transition in the history of medicine—did not work along scientific lines that they might excel others in the relief of suffering, but ingeniously strove to excel in original and unique dogmas and theories; and it made no difference how absurd or short-lived the fallacy, there was always a following.

One can easily imagine that the followers and believers of these ancient apostles of dogmas and superstitions were not unlike the laymen of today, ever ready to follow any fallacy advocated by the Stills, Weltmers and Eddys. Had Pythagoras lived today he could easily enough be termed a specialist, as he went from house to house visiting patients, in contradistinction to Aesculapius, who treated his patients in luxurious temples beautified with golden images and idols.

Homeopathy was a specialty in contradistinction to the practice of Rasori, who gave 60 grains of gamboge in 24 hours. It is not impossible that therapeutic nihilism was a specialty in contradistinction to both.

Surgery in recent years has made wonderful strides in the direction of scientific perfection. The same is also

true of medicine. But both are being so carefully and technically subdivided into specialties, that one in need of the best surgical or medical skill will have to hunt, with considerable discrimination, just the kind of surgeon or medical practitioner best equipped for a particular case.

One would think that, as a result of such specialism, the family physician would soon pass away, and that he is no longer needed.

The family physician is a personality in every community that will stay as long as the village preacher and the county school teacher. Were he to devote as much time to study and research as the true and experienced specialist, the recently graduated, who had only four years of college and clinics, and no experience, except under tutors, would find little to do. Much of the skill and knowledge heretofore possessed by specialists is becoming common property of the general practitioner.

Some cases need the co-operation and counsel of some other physician, and in making a selection of a consultant, you naturally ask for someone whom you believe to be better qualified along certain lines than others. Get them, but keep the case under your own watchful care, unless the case presents undisputed reasons for turning it to other hands. If you turn all uterine cases over to the gynecologist, all your nose cases to the otologist, all your skin cases to the dermatologist, all your bow-legs and knock-knees to orthopedists, and all mental derangements to alienists, and a few other cases to the hospitals, you will soon have nothing to do but to direct this patient to one place and that to another, and, by doing this, you will soon lose your identity as a physician, and soon become generally known as a kind of guide-post

pointing out the way to this hospital or that specialist.

He must do a reasonable amount of work in surgery. Is there any reason why he should not skillfully treat vaginitis and cervical endometritis, and not the gynecologist? Is there any reason why he should not amputate hypertrophied tonsils, and not the laryngologist? Is there any reason why he should not treat blenorrhagia and syphilis, and not the syphilologist? And so on with many more of the ailments heretofore referred to specialists.

Many times the physician in fighting the battles against death all alone longs for someone to assist and help, in a measure, to bear the responsibility of impending death. To whom does he turn? probably to a specialist, if one can be had, but oftener to a fellow family practitioner. Every practitioner should familiarize himself with the comparatively few diseases to which childhood is heir. No physician should cast a shadow of gloom over the home or arouse a feeling of doubt as to his abilities by saying to the anxious mother that "It is difficult or impossible to say just what or where the trouble is in a sick child." If any of you ever feel that way remember that "silence is golden."

Concerning a higher standard of duty, I believe that a higher standard of duty in our relations to sick children requires more medical instruction than has been, or ever will be given in the medical colleges.

Perhaps it may require a little more mental training so that by the process of reasoning we may more readily understand the manifestations of disease in those who do not speak an articulate language. Perhaps it may require a better knowledge of therapeutic agencies and a better knowledge of the chemistry of food stuffs, or, perhaps, a little more pains taken in hygienic tech-

nique. Assuming that one is well qualified in all the foregoing qualifications, there is much lacking before he can hope for real success.

A higher standard of duty requires tact, that ready power of appreciation and doing, which is required by the conditions that exist in each and every case; for disease in childhood invariably presents a symptomatology peculiar to the child, and not a symptomatology peculiar to the disease. As an example, I need only to call your attention to the errors that have been made in calling acute congestive pneumonia brain fever in children with hypersensitive nervous systems. A higher standard of duty requires even tempered patience and eternal vigilance. Why not spend as much time at the bedside of a child as you would at the bedside of a potentate, remuneration not questioned in either case?

A higher standard of duty requires a heart that is tender and sympathetic, a hand that is soothing, a voice that is assuring and expressive of feeling. The greatest men and women that the world has ever known have been of those who could enter appreciatively into the joys and sorrows, the loves and hopes of children; and if we hope to do the most good we, too, must win their love and confidences, moving with and about them in their child world.

Approach your little patients from the psychological side and thereby you may easily be able to determine the physical defects. You will find this difficult to do, however, with a child whose mother has taught it that the doctor and the bogie man are twin brothers to Satan. When once you win the confidence and love of the child your very presence hushes and makes them unmindful of fatigue and pain—all to the astonishment and joy of the mother.

The hardest part of our work after we are satisfied with the diagnosis, is to educate the mother (for too few times can a trained nurse be had) how to care for the child. How to get her to realize that you are the doctor and must be obeyed, and that she must not do all the things that sympathizing, mischief-making, neighbor women suggest. She must be taught that fresh modified cow's milk is better than shelf-worn baby foods, and that pure water is not a poison.

In the treatment of all the diseases of childhood, I am of the firm opinion that we should exercise a tolerable inactivity in the administration of drugs, and give nature the first chance.

I have quit the use of all cold tars in the treatment of children. I use chloral for spasm per anum, despite the fact that so many doctors are afraid of it. I have no faith in medicated weights, that is to say, any of the kaoline compounds, for deep-seated inflammations. Gargles are worthless, poulticing tubercular glands is dangerous, Castoria is harmful to digestion, saying nothing of the enormous expense of the same. Poultices of mustard, as generally used, are dangerous and useless. The careless use of chloride of potash has done much harm. I might enumerate many more evils that are daily practiced, but space forbids.

I wish to call your attention to a particular duty we, as physicians, owe to the children of school age, and that is to point out a few of the causes of nervous diseases in children under seven years of age, due to faulty schools and faulty habits at home. If we can control these faults, we not only become a specialist in a way, but a public benefactor as well.

In order that we may understand why children are more liable to disease of the nervous system than grown per-

sons, it will be necessary to call your attention to the anatomy of the brain and cord of a child, and compare it with that of an adult. At birth the ratio is 1-8; third year 1-8, and at 14 years 1-20 to 1-25, or an average of 40 oz. Adults ratio about 1-43, or an average from 48 to 50 ounces. Spinal cord at birth 1-500, adults 1-1500. With these differences in the relative size of the brain and cord in children and adults, it is but reasonable to suppose that in the development, in which there are quantitative changes, and qualitative improvements of brain matter, that there should be some nervous disease peculiar to the child. Every accomplishment, whether of mind or body, is brought about with the nervous system, as master and overseer of all changes.

The law of evolution of the nervous system is that the older and more fundamental parts, which subserve the more general functions, are developed first; such as prehension, creeping and standing, and that the last acquired and most necessary and specialized develop last; such as walking, running, tumbling, singing, reasoning, etc. In the evolution of the child, the processes of growth and development may be said to converge in the development of the brain; so much so that every branch of school or home hygiene has a more or less influential bearing on the brain of the school child.

The essential aim of all educational measures, pictures, maps, machines and other appliances, is the development of sane minds. All hygienic measures tend to improve the nervous system, and the child owes its individuality to its nervous system. A neglect of hygienic measures at home or school shows itself first in the boy or girl by some symptom of the nervous organs, and here, too, individuality of the child

is injured and may be lost entirely. Then let us not forget that the brain of a child is, in a sense, the whole child, and whatever is done to stimulate healthy development of brain also develops the whole child. At this time in life, from one to fourteen years, apparently trivial causes are enough to produce the most profound disturbances, all because of the instability and hyperirritability of the nerve cells, and their inability to endure prolonged or continuous over-strain from any cause whatever. An example of this instability, hyper-irritability and tendency to early exhaustion may be seen in a child whose heart is almost breaking with grief, changed to one radiant with smiles in less time than it takes to tell it. Another evidence of a pathetic character may be seen in a child jerking with St. Vitus' dance, caused from fright. Or, looking further, another evidence of hyper-irritability and instability is seen in the child who is having convulsions from indigestion, or from the pain incident to the cutting through of a tooth. Another important point to be remembered about these young and tender organs, (brain and nerves), is that grave and permanent results often follow relatively small organic lesions. For illustration, a small hemorrhage anywhere in the brain of a child may result in a partial paralysis at the time, but the injury may result in arrest of development of certain parts of the brain and leaves the child a permanent cripple of body or mind, and may be both. A simple illustration may be cited in calling your attention to an apple or rose bud that might be struck by a hailstone in the early months of its development. You all know the apple remains blemished in form and color. The rose becomes an imperfect flower. Let the same accident occur to the same apple when fully developed and

the injury, in all probability, would pass unnoticed.

From what has been said it follows that the hygiene of the nervous system is of the utmost importance in infancy and childhood. It is absolutely essential for the healthy development of the nervous system, that all stimulants should be avoided, not only tea, coffee and alcohol, but all undue and unnatural excitement, which in childhood is almost as serious as stimulants. A normal development can only take place in the midst of quiet and peaceful surroundings, with plenty of time for rest and sleep.

I will now speak of a few things that are done and have been done in the schools of this country, that are injurious to the child, and, of necessity, injurious to the brain; also to call your attention to some things that are done at home and sanctioned by parents, that are equally injurious to the child. We should not lose sight of the fact that the life of a child is an active one, so much so that it is frequently asked how they stand it without getting tired. They do get tired, but instinctively take plenty of healthful rest. This freedom of mind and activity changes when school begins, for going to school is a sedentary occupation in the strictest sense—not so much, however, as formerly.

1st *Overwork* is probably the cause of more nervous derangement than any other factor. It is unfortunate that no rule can be made, stating just how long a child of six may work; for many children at six, will stand more work under the high pressure of educational methods, than others who are considerably older. The teacher must be the judge of how much time this little boy or that little girl can safely be employed.

2nd *Underage*—It is a disgrace to

some communities that they insist on having little ones sent to school, more to be taken care of than taught. Children, in my opinion, under seven, and many older ones, are kept in school nominally at work far beyond the period for which they have the power to use their minds at work. Edward Chadwick has furnished us data governing this point which should not be set aside. He states that a child from five to seven years old is able to attend to one subject for about fifteen minutes; from seven to ten, about twenty minutes; from ten to twelve, about twenty-five minutes; from twelve to eighteen, about thirty minutes. Every minute in school after their power of attendance is exhausted, is given to forming the habit of inattention, which is a clear loss to education, and that health must suffer is certain. A very exaggerated notion is entertained by some parents regarding the value of primary work, as if children at the age of five years could be said to be students in the proper sense. Schooling at this age means something radically different from what comes later. Wm. T. Harris has said, "We do not look so much to the gain in intellectual possessions, as to the training of the will into correct habits during the years previous to the seventh."

3rd *Examinations* at all stages, and frequently repeated, are characteristic of recent methods of education. They are very useful, of course, but, in the opinion of many educators, are worse than useless when instituted merely to make a showing for work that has been when everybody is tired. Some schools for a child who has been faithful a whole school year to keep him in needless and anxious suspense about his promotion.

Examinations usually come at the end of the term, usually in the spring

when everybody is tired. Some schools have, and I believe wisely, suspended all other work, to give as much ease and freedom as possible. This is probably the best solution of this problem. Examinations of a written competitive character require an enormous expenditure of nerve force, so much that many grown men and women students in the higher institutions of learning are made sick and to suffer from exhaustion following the week or ten days' examination prior to promotion or graduation.

4th No child when in school should be permitted to be up at night attending children's parties or other entertainments. The little one retires late at night full of excitement, and its sleep is not profound, for many of them toss about in the bed or talk in their sleep—a restless sleep all night long. Society has not yet begun for them.

5th *Tardiness*.—So far as the health of a child is concerned it is better that it be tardy than lose its breakfast. Do not send your child to school half fed. Many a teacher notices children coming to school in a half-famished condition from this cause alone. Start them in time, after they have had breakfast, to get to school without having to run, so that they may get plenty of good wholesome open air exercise.

MINUTES

Twenty-fifth Annual Session of the New Mexico Medical Association Held at Albuquerque, May 2nd and 3rd, 1906—General Session.

Wednesday Morning, May 2, 1906.

The meeting was called to order by the President, Dr. P. G. Cornish, who called upon Rev. J. W. T. McNeil, of Albuquerque, for the invocation.

Attorney Geo. S. Klock welcomed the Association in the name of the

Mayor of the City of Albuquerque. Dr. T. B. Hart, of Raton, responding to the address of welcome.

Much to the disappointment of the members, the President, Dr. P. G. Cornish, announced that he had prepared no address, and that he would have to ask the indulgence of the Association.

The scientific program was then begun by the reading of a paper by Dr. C. S. Losey, of Las Vegas, on "Acute Middle Ear Disease."

This paper was discussed by Dr. W. M. Lake, of Silver City, and Dr. T. B. Hart, of Raton.

Dr. J. H. Wroth, of Albuquerque, next presented a short paper on "The Avoidable Accidents to the Female Perineum," Dr. W. C. Mills, of Las Vegas, Dr. T. B. Hart, of Raton, and others taking part in the discussion.

"Malaria," was the title of the next paper read by its author, Dr. J. M. Shields, of Perea, Dr. B. E. Lane, of Las Cruces, and Dr. W. M. Lake, of Silver City, leading in the discussion.

The meeting then adjourned until 2 p. m.

At the appointed hour the President called the meeting to order and the scientific program was resumed by the reading of a paper on "Trichinosis," by Dr. W. D. Radcliff, of Belen.

Discussion on this paper was led by Dr. G. S. McLandress, of Albuquerque, and Dr. T. B. Hart, of Raton.

Dr. T. B. Hart, of Raton, read a paper entitled "The Family Practitioner as a Specialist." Discussed by Dr. W. G. Hope, Albuquerque, and Dr. R. E. McBride, Las Cruces, and others, in which the subject of patent and proprietary medicines was brought to the fore and thoroughly discussed, after which Dr. G. W. Harrison, seconded by Dr. B. E. Lane, offered the follow-

ing resolution and moved its adoption. The motion prevailed.

Whereas, Pharmacy should ever be the handmaid of medicine, and

Whereas, We realize the importance of the movement in favor of pure drugs and publicity in the composition of medicinal preparations, and

Whereas, The great majority of the nostrums now being exploited in medical journals and lay publications are sold by men who have no line of legitimate pharmaceuticals, but who confine their efforts to the manufacture of certain nostrums or the sale of such nostrums manufactured for them by regular pharmaceutical houses, and

Whereas, There seems to be a tendency among certain regular manufacturing pharmacists toward such exploitation in the making and placing on the market of nostrums under the head of specialties, now therefore be it

Resolved, By the New Mexico Medical Association in its 25th annual session assembled, that it deplores and discountenances the exploitation and use of nostrums as detrimental to the public health and fatal to the intimate and confidential and mutually helpful relations which should exist between the sister professions of medicine and pharmacy.

Resolved, That manufacturing pharmacists who have engaged to whatever extent in the making of nostrums are hereby requested to abandon such manufacture, either directly for their own trade, or for exploitation by others.

Resolved, That a copy of these resolutions be sent for publication to the *Journal of the American Medical Association* and to the *Pharmaceutical Era*.

The meeting at this time adjourned until 10 a. m. of Thursday, May 3rd, 1906.

May 3rd, 10 a. m.

The meeting was called to order by the President, Dr. P. G. Cornish, and the scientific program was resumed.

Dr. J. W. Elder, of Albuquerque, read a paper on "Report of Six Cases of Fracture of the Skull." This paper was discussed by Drs. W. M. Lake, W. C. Mills, J. H. Pearce, R. E. McBride.

Dr. W. E. Sauers, of St. Louis, by invitation then reported a case of "Tumor of the Trachea," which was discussed by Drs. J. H. Wroth, C. W. Losey and others.

Dr. M. K. Wylder, of Albuquerque, made a short talk in which he reported a case of "Traumatic Aneurism," which report was discussed by Drs. J. B. Cutter, P. G. Cornish and J. A. Massie.

Dr. W. G. Hope spoke of a case in which he suspected aneurism of the aorta.

Dr. J. B. Cutter reported a case of "Osteo-Sarcoma of the Inferior Maxilla," which had been operated upon and in which there had been recurrence. The discussion on this case brought out some facts concerning the X-ray in the use of certain forms of cancer.

Dr. G. W. Harrison reported two cases of "Malaria." The report of these two cases stirred up a discussion that lasted over an hour, and was participated in by Dr. R. E. McBride, Dr. Easterday, Dr. Burr, Dr. Hope, Dr. Massie, Dr. Radcliff, Dr. Mills, Dr. Hart, Dr. Wroth, Dr. Shields, Dr. Cutter, and others.

The meeting then adjourned until 3 p. m.

When the meeting was called to order at the appointed hour, Dr. J. W. Elder asked for information on the "Treatment of Pneumonia with Heavy Doses of Quinine." A discussion was

then participated in by Drs. Cutter, Hope, Burr, Cornish, Hart and Lane.

Dr. G. W. Harrison, retiring editor of the Association Journal, then made a report of his work during the year.

Dr. G. W. Harrison was elected a delegate to the Council on Medical Education, with the power to name his alternate.

The retiring President then called upon Drs. W. G. Hope and C. W. Losey to conduct the President-elect to the chair. This being done, the President-elect, Dr. T. B. Hart, in a few well-chosen words thanked the Association for the honor, after which the session adjourned sine die.

R. E. McBRIDE, *M. D.*,
Secretary.

MINUTES

Twenty-fifth Annual Meeting of the New Mexico Medical Association.

House of Delegates,

Wednesday, May 2nd, 1906.

The meeting was called to order at 9 a. m. by President Dr. P. G. Cornish, in the rooms of the Commercial Club.

Dr. R. E. McBride was at the secretary's desk.

The following named delegates were present:

Drs. W. G. Hope and J. F. Pearce, Bernalillo County Medical Society.

Dr. W. M. Lake, Grant County Medical Society.

Dr. B. E. Lane, Dona Ana County Medical Society.

Dr. G. W. Harrison of the Council.

There were no delegates from the Las Vegas Medical Society, the Luna, Otero and Chaves County Medical Societies.

The minutes of the Twenty-fourth Annual Session were read, and on motion, duly seconded, approved.

After the reading of the minutes,

and before proceeding to business, Drs. W. P. Mills and H. W. Goelitz presented their credentials as delegates of the Las Vegas Medical Society and were seated.

The report of Dr. H. M. Smith, Treasurer, was read, and on motion, duly seconded, was ordered received and filed. This report showed a balance in the treasury of \$108.70.

The report of Dr. R. E. McBride, Secretary, was read, and on motion, duly seconded, was ordered received and filed.

The report of the Council on applications was next received and the following being reported on favorably, were on motion, duly seconded and carried, elected to membership in the Association, (having been members of the old society and being elected under the new requirements): Jos. Kornitzer, Socorro; M. D. Gibbs, Van Houten; J. J. Shuler, Raton; J. R. Haynes, El Vado; T. P. Martin, Taos; T. B. Hart, Raton; C. G. Duncan, Socorro; J. F. McConnell, Colorado Springs; W. S. Harroun, Santa Fe; B. L. Sulzbacher, Kansas City, Mo.; S. C. Clark, Bernalillo; J. P. Kaster, Topeka, Kas.; J. M. Diaz, Santa Fe; F. A. Yoakum, Cerrillos; W. D. Radcliff, Belen.

The report of the Council on the following new applications was favorable, and on motion, duly seconded and carried, these gentlemen were elected to membership: W. H. Burr, Gallup; A. E. Bessette, San Marcial; C. J. Amble, Manzano; J. M. Shields, Perea; H. B. Masten, Chico Springs; J. L. Hobbs, Raton; A. L. Breeding, Texico.

The hour for the meeting of the general body having arrived, the house, on motion, adjourned to meet at 1 p. m.

May 2nd, 1 p. m.

In the absence of the President, the meeting was called to order by Dr. T. B. Hart, first vice-president, with the same members present as at the morning session.

The Council made a favorable report on the applications of Drs. J. A. Massie, Santa Fe, and W. F. Wittwer, Los Lunas, old members, and Dr. Triplet and Fleming of Raton, new members, and on motion, duly seconded and carried, these gentlemen were elected to membership.

Dr. P. G. Cornish appeared at this time and assumed the chair.

Dr. G. W. Harrison offered the following amendment to the By-laws:

AMENDMENT TO THE BY-LAW OF THE
NEW MEXICO MEDICAL ASSOCIATION.

That the word "regular" be restored and inserted in all parts and places where the qualifications for membership are referred to.

Under the law, this amendment went over until the next day.

Dr. W. M. Lake, of Silver City, delegate from the Grant County Medical Society, offered the following amendment to Section four (4) of Chapter 1 of the by-laws:

After the word "application" shall be inserted the following: "and shall sign a statement that they are graduates of a regular college in good repute, and that they do not belong to nor are affiliated with any sectarian or irregular association."

This, under the rules, went over until the next day.

Dr. W. G. Hope, seconded by Dr. G. W. Harrison, moved that a minimum appropriation of one hundred dollars, to be raised by subscription among the members as an extra assessment, be made toward the fund now being gathered by the American Medical Association for the benefit of those

physicians who were affected by the earthquake in California.

This motion prevailed, and the Secretary was directed to see that its provisions were carried out at the earliest possible moment.

The House now adjourned to meet at 8:30 a. m., Thursday, May 3, 1906.

Thursday Morning,

May 3rd, 8:30 a. m.

The meeting was called to order by Dr. P. G. Cornish with all the delegates present who had been present the previous day, except those of the Las Vegas Medical Society.

The minutes of yesterday's sessions were read and approved.

Election of officers being the first order of business, the following elections were made:

President:

Dr. Thomas B. Hart, Raton.

First Vice-President:

Dr. S. M. Lane, Silver City.

Second Vice-President:

Dr. W. T. Joyner, Roswell.

Third Vice-President:

Dr. D. H. Carns, Albuquerque.

Secretary:

Dr. R. E. McBride, Las Cruces.

Treasurer:

Dr. H. M. Smith, Las Vegas.

Councillor:

Dr. S. D. Swope, Deming (for three years.)

All elections were unanimous, the Secretary, on motion, casting the ballot.

The matter of the editorship of the Journal being next in order, it was moved by Dr. G. W. Harrison, and seconded by Dr. Hope, that the following named be elected to serve for the current year:

Editor-in-chief: Dr. G. S. McLandress, Albuquerque.

Associates: Dr. F. T. B. Fest, Las Vegas; Dr. J. H. Wroth, Alberquerque.

que; Dr. W. W. Phillips, Roswell; Dr. R. E. McBride, Las Cruces.

The motion being put to the House was duly carried.

The bill of the Secretary, amounting to \$28.05, being approved, was ordered paid.

Dr. Harrison offered the following amendment to the constitution:

"That all of Article X be struck out and the following be substituted therefor: 'That all applications for membership, regardless of societies or associations that they may belong to or from which they may bring cards, be elected as any other members, and that each County Society is hereby authorized to require a certain number of months' residence before admitting to membership.'"

This being an amendment to the constitution, must lie on the table until the next annual session.

The amendment to the by-laws offered by Dr. Harrison at yesterday's meeting being in order was called up and after much general discussion was, on motion of Dr. Harrison, seconded by Dr. J. F. Pearce, duly carried.

The amendment to the by-laws offered by Dr. Lake, was on motion of Dr. Lake, and duly seconded, tabled.

The Secretary here read a letter from Dr. W. W. Phillips, of Roswell, asking that the 26th annual session in 1907 be held in Roswell, and after some discussion it was decided that inasmuch as there was no representative present from the Chaves County Society that the request be passed over, and Las Cruces was decided upon as the next meeting place at such a time as the council may choose.

The application for membership of Dr. B. S. Roseberry, of Gardiner, was passed over, as Dr. Roseberry had died since making application, and the Secretary was instructed to refund the

membership fee to the family of Dr. Roseberry.

The Secretary announced the death during the year of Dr. W. E. Parkhurst, of Roswell, 2nd vice president of the Association, and the following resolutions being offered by the council, was on motion of Dr. Harrison, duly carried:

Whereas, By the wisdom of Divine Providence, our esteemed member and second vice-president, Dr. W. E. Parkhurst, has been removed from his earthly labor,

Be it resolved, That in the death of our gifted brother, the New Mexico Medical Association and the medical profession at large have been deprived of an honorable associate and sustained an irreparable loss;

Be it further resolved, That the sympathy of this Association is hereby extended to the bereaved family and friends.

Be it further resolved, That a copy of these resolutions be sent to the family, and a record made of them on the minute book of this Association.

G. W. HARRISON,
P. G. CORNISH,
R. E. MCBRIDE.

A resolution of thanks was passed in which the members of the Commercial Club, the Ladies of Albuquerque and the members of the Bernalillo County Medical Society were thanked for their courtesy and attention to the Association and its individual members while in session.

On motion of Dr. W. M. Lake, duly seconded, it was resolved:

"That it is the sense of this Association that a Board of Vital Statistics should be created by the next legislature."

This motion carried, and the Secretary was instructed to see that it reached the proper authorities.

There being no further business, the meeting adjourned sine die.

R. E. McBRIDE, M. D.,
Secretary.

The President has appointed the following committees to serve for the current year:

Committee on Scientific Work—Dr. Clifford Losey, Las Vegas; Dr. J. H. Wroth, Albuquerque; Dr. R. E. McBride, Las Cruces.

Committee on Public Policy and Legislation—Dr. G. W. Harrison, Albuquerque; Dr. C. G. Duncan, Socorro; Dr. J. A. Massie, Santa Fe; the President, The Secretary.

DONA ANA COUNTY NOTES.

The Dona County Society has held regular meetings that have been well attended, and that have been markedly interesting to those who have participated.

Dr. W. C. Field has been in California for the past month. The doctor was called to the bedside of his aged mother.

Dr. B. E. Lane, the delegate of the Society at the meeting of the Territorial Association, made a very interesting report of the deliberations of the House of Delegates.

Dr. T. C. Sexton, formerly of Laurel, Miss., has located in Las Cruces, and is associated in practice with Dr. R. E. McBride.

Dr. C. H. McKenna, of Toronto, Canada, has been a visitor to the recent meetings of the Society, and has added much to the discussions. The doctor expects to locate somewhere in this Territory.

Dr. B. E. Lane is anticipating a pleasant trip to the old home during the summer, while Dr. C. W. Gerber is also planning to go east shortly.

Dr. R. E. McBride and family will

soon leave for St. Louis and Canada for the summer.

The Dona Ana County Society appreciates the compliment paid to it by the Association in choosing Las Cruces as the meeting place for the 1907 session, and we hope to have as full an attendance as is possible so that we may be able to show ourselves to good advantage.

Dr. C. A. Brown, of Rincon, has returned to Virginia.

CHAVES COUNTY SOCIETY NOTES

A son was born to Dr. and Mrs. Chas. F. Beeson on May 11.

Dr. A. Anderson has opened an office in the Oklahoma building.

Dr. G. R. Rucker, who practiced in Roswell for a year, has returned to Chetapa, Indian Territory, his former home.

Dr. C. M. Yates was at Ft. Worth in May, where he attended the meeting of the North Texas Medical Association.

Dr. R. L. Bradley has been appointed city physician in place of Dr. W. W. Phillips.

Dr. L. B. Raschbaum has gone to Old Mexico to reside permanently.

Dr. E. M. Fisher was operated upon recently for hemorrhoids.

The Tent City will be opened for the reception of patients about June 20. Drs. Joyner, Kinsinger and Yates are the owners, and Dr. Y. T. Martin, formerly superintendent of the Fulton, Mo., Insane Asylum, is physician in charge.

The Sisters' Hospital was formally opened on June 10. It is a four story brick building, with modern equipment and conducted by the Sisters of the Sorrowful Mother. The medical and surgical staff is composed of all the

physicians of the city. Both pay and charity patients will be received.

The County Society hold meetings each month in the offices of the various members. With one exception, all the physicians in the county, eligible to membership, belong to the society. At the June meeting, Dr. D. H. Galloway will read a paper on "Aneurisms."

Subordination of Medical Journals to Proprietary Interests.

J. H. Salisbury, Chicago (*Journal A. M. A.*, May 5), states that it is difficult to overestimate the influence of medical journalism on the opinion and action of the medical profession. Whoever, he says, gains control of the medical press goes a long way toward securing a paramount influence on the entire medical profession. He calls attention to the fact that an extensive influence may be assumed by the fact that most medical journals are dependent on their advertising, and while this is to be deplored it is nevertheless an important fact to be reckoned with in considering the subserviency of the medical press and in suggesting a remedy for the evil. Dr. Salisbury states that he went through twenty-seven medical journals covering the past six years, and found one preparation the subject of 45 original articles. In addition, he states, there were six editorial endorsements of the same preparation. He states that the result of cramming the reading pages with one-sided articles of this kind is to create an uncritical habit of mind in the reader and to encumber the journal with worthless stuff. He declares that a journal which is will to sell its pages for such purposes is not to be relied on to give its readers the best editorial advice or to take a firm stand on the right side, when the interests of the public or

its subscribers are opposed to the proprietary interests. In discussing the remedy for this condition, Dr. Salisbury says: "If, instead of inserting in his reading columns concealed advertisements of proprietary remedies, the space were devoted to lessons on pharmacy and chemistry, the editor might educate his readers to a point where they could rationally decide on the true value of the novelties proposed for their use without making disastrous experiments on their patients. The editor who fails to protect his readers against concealed frauds, which is the only proper characterization for many of these 'write-ups,' is false to the trust reposed in him by the medical public."

Fever in the Newborn.

W. J. Butler, Chicago, (*Journal A. M. A.*, April 14), emphasizes the importance of the observation of temperature during the early days of infant life and discusses the literature. The chances of infection in the newborn are numerous, to-wit: By the contact of infectious material to the eyes, nose or mouth, traumas incident to forceps delivery, unclean surroundings or attendants and the always possible sources of infection, the navel. He reports as interesting series of cases of infection of the respiratory tract in the newborn, the exact source of which was not demonstrable. The disease was confined to one ward in the hospital and contact transmission seemed highly probable. The symptoms were rather uniform, but not specially characteristic. The temperature was high and remittent and there was evidence of acute rhinitis and laryngitis. In the one fatal case the child apparently died of uremic poisoning. The cases demonstrated the susceptibility of the newborn to infection of the respiratory passages and illustrated the rapidity of conveyance

and briefness of incubation in infection with the *Micrococcus catarrhalis* and with the pneumococcus, and the contagiousness of what might ordinarily be called a cold. The treatment was mainly symptomatic. The treatment of this condition generally must be primarily prophylactic, strict asepsis at delivery and subsequently.

Cancer in the United States.

Guthrie McConnell, St. Louis (*Journal A. M. A.*, April 28), finds from an elaborate study of the statistics of the census of 1900 that while the death rate from consumption has very markedly decreased, that from pneumonia and cancer, especially the latter, has increased during the decade, the ratio of cancer increase being 12.1 per 100,000, and that this mortality is higher in the rural districts than in the cities. It is greater among foreign-born whites than among native whites, but the death rate from this cause is only apparently greater among the former here than in their native lands. Females are more subject to cancer than men, the respective percentages being 63.1 and 36.9. Persons employed in hard out-door labor seem more liable to the disease than those following sedentary occupations. Well-watered and timbered mountainous regions like the northwest coast, show the greatest mortality, and the figures do not support the view that cancer is more prevalent along rivers. No proof is afforded by the statistics of any direct connection between cancer mortality, a prevalence of German population, and beer drinking. Cancer mortality is highest after the sixty-fifth year of life, and after the forty-fourth year is greater among the unmarried of both sexes than the married. The general average at death from cancer is 58.1 years.

Effect of Proprietary Literature on Medical Men.

N. S. Davis, Chicago, (*Journal A. M. A.*, May 5), calls attention to the evil effects of medical advertisements, written as they are to sell the goods and not, as a rule, to state the complete truth, even about the really worthy and scientific preparations. Ready-made prescriptions lead to slovenly therapeutics, and if all members of the medical profession would refuse to employ ready-made mixtures they would destroy one of the greatest hindrances of rational therapy. Most of us are inclined to accept new things and new ideas without sufficiently testing them or demanding the approval of recognized authorities, and the advertising methods used almost force them on us. The remedy, he states, lies first, in recognizing the condition; second, in insisting that the teaching of pharmacology and therapeutics in medical schools should be confined to the drugs of the pharmacopeia; third, we should take more interest in the pharmacopeia and insist on its containing only drugs of recognized worth and on its revision often enough to include all valuable new ones. Finally, he declares, pharmacologic and therapeutic research should be stimulated.

Gave His Authority.

It is related of Darwin that when pursuing his early studies relative to effects on animal species produced by long-continued mutilation of some special kind, he wrote to Huxley, asking his opinion and suggested, for example, if anything could be deduced from an examination into the peculiar racial custom of circumcision. Huxley's answer came by next post: "There is a divinity that shapes our ends, rough-hew them as we will."—*Exchange*.

BOOK REVIEW.

Diseases of The Nervous System Resulting From Accident and Injury—

By Pearce Bailey, A. M., M. D., Clinical Lecturer in Neurology, Columbia University, New York City; Consulting Neurologist to the Roosevelt, St. Luke's and Manhattan State Hospitals, etc., New York and London.—D. Appleton & Co., Publishers, 1906.

This book is by an author of acknowledged authority upon the subject. The first edition of this work was published in 1898, under the title of "Accident and Injury," the present edition being an entire revision, printed from new plates, and has a new title which best covers its scope.

Over two hundred pages of new matter has been added. The revised manuscript is by Dr. Smith Ely Jelliff, editor of the "Journal of Nervous and Mental Disease."

The chief use of the book is to set forth clearly the results of injury. It is of great value, not only to the surgeon and neurologist, but to the general practitioner who is interested in medico-legal subjects. The work embraces complete descriptions of injuries to the brain, the spinal cord and peripheral nerves, particular attention being given to the late effects of brain injuries.

The Nostrum From the Pharmacists Viewpoint.

W. A. Puckner, Chicago (*Journal A. M. A.*, May 5), considers defective teaching of pharmacy, materia medica, etc., in medical schools by imperfectly informed instructors, to be the direct cause of the present condition as regards nostrum prescribing. The prescriptions of the newly-graduated physicians are likely, therefore, to be unsightly, nauseating and sometimes,

because of incompatibilities, inert. Realizing his disability, the young physician, therefore, is likely to fall back on the ready-made proprietaries. As a striking example of how some physicians are taken in, Puckner relates the case of one man who for years prescribed as quinin a fake nostrum that was really only powdered calcium sulphate. The advertising methods of manufacturers are illustrated by a quotation from the instructions given by one house to its traveling salesmen, which no doubt indicate any very respectful estimate of the therapeutic knowledge of a certain class of physicians. The use of proprietaries by the physician also breeds a lack of confidence on the part of the patient, leading to self-medication or druggist's counter prescribing. The use of "physician's samples" has also a bad effect. Patients sooner or later come to learn what they are taking, and the physician prescribing proprietary remedies is thus really the advance agent of the "patent medicine" sold directly to the public.

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